

**NEBRASKA DEPARTMENT OF HEALTH & HUMAN SERVICES
REGULATION & LICENSURE - ASBESTOS CONTROL PROGRAM**

**APPLICATION FOR
ASBESTOS OCCUPATION CERTIFICATION AND LIMITED CERTIFICATION**

General Instructions: Use this form to apply for initial or to re-apply for certification as an asbestos worker, supervisor, project designer, project monitor, inspector, management planner, limited project designer or limited management planner in Nebraska. This form may also be used to apply for an emergency waiver of certificate. Use a separate form for each certificate desired.

If you are applying for certification as a management planner and have different certificates for the inspector and management planner training, send both certificates. All review/refresher training must be occupation specific.

A signed, completed application must include:

1. Form 4 (or a similar medical examination form which contains the information required by Form 4), showing the results of the medical examination declaring that you are physically capable of working while wearing a respirator. We will only except this form or it's equivalent with an original signature from the physician. A medical examination is not required if you are applying for a limited certificate.
2. An original of the course certificate(s) from the approved course(s) for which you are requesting certification showing each course was successfully completed. Applicants for initial certification or renewal must provide evidence of having successfully completed a Nebraska Law, Rules and Regulations training course, whether it was taken as an individual course or as part of a Nebraska-approved asbestos occupation training course.
3. The appropriate fee required by 178 NAC 22-009 payable by check or money order to the Nebraska Health & Human Services Regulation & Licensure.

Applicants must have taken their training from an EPA-accredited training provider in another state or an approved Nebraska training provider. Persons who have not successfully completed review training for a period of one or more years from the expiration date of their last certificate must retake the initial training course. Persons who do not currently hold a Nebraska certificate must submit their initial training certificate and all subsequent review/refresher training certificates.

Incomplete or unsigned applications will not be considered. Completed applications will be processed within 30 days of receipt.

Prior to applying for certification, applicants should review the requirements of 178 NAC 22-004.

Mail the completed application, Form 4, original of course certificates and the fee to:

Asbestos Occupation Certification
Credentialing Division
Nebraska Health & Human Services Regulation & Licensure
301 Centennial Mall South
P.O. Box 94986
Lincoln, NE 68509-4986

**RENEWAL NOTICES WILL BE MAILED BY THE DEPARTMENT TO YOUR LAST KNOWN ADDRESS
AT LEAST 60 DAYS PRIOR TO THE EXPIRATION OF YOUR CERTIFICATE.**

NEBRASKA HEALTH & HUMAN SERVICES - REGULATION & LICENSURE

APPLICATION FOR ASBESTOS OCCUPATION CERTIFICATION
AND LIMITED CERTIFICATION

PART A - GENERAL INFORMATION

1. Name of Applicant (print) _____
2. Home Address _____
Street City State Zip
3. Phone Number: () _____ 4. Date of Birth: _____
5. Social Security Number: _____
6. Present Employer: _____
7. Employer's Address: _____
8. Employer's Phone Number: () _____ Fax () _____

Please indicate where you would like your renewal information sent: Home _____ Employer _____

PART B - CERTIFICATION INFORMATION

1. This application is for: initial certificate _____ re-apply * _____
(*Use re-apply only if certificate is expired.)
 2. Please check type of certificate desired: (only one certificate per application)
- | | | | |
|-----------------------|----------|-----------------------------|----------|
| Worker _____ | \$ 51.00 | Project Designer _____ | \$101.00 |
| Supervisor _____ | \$101.00 | Ltd. Project Designer _____ | \$101.00 |
| Inspector _____ | \$101.00 | Management Planner* _____ | \$151.00 |
| Project Monitor _____ | \$101.00 | Ltd. Mgmt. Planner _____ | \$151.00 |
- Includes \$1.00 Licensee Assistance Program*** ****Includes certification as an Inspector***
3. This application is based on: Nebraska-approved training _____
EPA-approved training _____
 4. Name of Training Provider: _____
Address: _____

Attach originals of training certificates showing successful course completion. All applicants must have successfully completed a Nebraska Law, Rules and Regulations training course. If you are applying for a certificate based upon taking your initial and/or renewal training in another state, provide originals of all training certificates.

PART C - VERIFICATION

I hereby verify that all of the information provided in this application is complete and true to the best of my knowledge. I further verify that I will comply with all requirements applicable under the Nebraska Asbestos Control Act and Departmental regulations.

Date _____

Signature of Applicant _____

Form 3

**NEBRASKA DEPARTMENT OF HEALTH AND HUMAN SERVICES
REGULATION AND LICENSURE – ASBESTOS CONTROL PROGRAM**

**ASBESTOS OCCUPATION
MEDICAL EXAMINATION**

Information to Examining Physician: Please complete this form in order to comply with Neb. Rev. Stat. Section 71-6310 pertaining to the State certification of an individual for an asbestos occupation. The statute provides that individuals may not be certified unless they have "been examined by a physician within the preceding year and declared by the physician to be physically capable of working while wearing a respirator."

PHYSICIAN'S CERTIFICATION

Name of Individual Examined: _____

Social Security Number: _____

Home address of Individual: _____

Date of Examination: _____

Based upon the results of my examination of the above named individual, I hereby declare that he or she (check and complete as necessary):

_____ Is physically capable of working while wearing a respirator

_____ Is not physically capable of working while wearing a respirator

Name of Examining Physician: _____

Physician's License Number: _____

Jurisdiction Issuing License: _____

Signature of Examining Physician _____
(Must be original no copies will be accepted)

Business Address: _____

Business Phone: _____